

Inspection Conclusion Data Sheet (ICDS)

FY2007

Inspector: Steven Couto

Inspection Date: 6/5/07

Facility Name/Address: Brockton WWTF

Facility Manager/Title and Address (if different from above): David Norton
Brockton Water & Sewer Contract Administrator

Facility Contact/Title and Address (if different from above): Paul Pradeiro
Project Manager Walsh Construction

1. Media Type: (Check one)

- | | | |
|------------------------------------------|------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> CAA-Stationary | <input type="checkbox"/> CAA-Mobile Source | <input type="checkbox"/> CAA-112r |
| <input type="checkbox"/> CWA-NPDES | <input type="checkbox"/> CWA-Pretreatment POTW | <input type="checkbox"/> CWA-Pretreatment IU |
| <input type="checkbox"/> CWA 311 | <input type="checkbox"/> CWA 404 | <input checked="" type="checkbox"/> CWA-Stormwater <i>construction</i> |
| <input type="checkbox"/> EPCRA 313 | <input type="checkbox"/> EPCRA N313 | |
| <input type="checkbox"/> RCRA-C | <input type="checkbox"/> RCRA-I | |
| <input type="checkbox"/> SDWA-UIC | <input type="checkbox"/> SDWA-PWSS | |
| <input type="checkbox"/> TSCA-Lead Paint | <input type="checkbox"/> TSCA-PCBs | <input type="checkbox"/> TSCA-Core <input type="checkbox"/> TSCA-AHERA |

2. Did you observe deficiencies (potential violations) during the inspection?

☒ Yes ☐ No

*Not in EPA's NOI data base
for a MSGP Permit.*

3. If you observed deficiencies, did you communicate them to the facility during the inspection?

☒ Yes ☐ No

They have NOI & SWPPP from 2003.

4. Deficiencies observed?

- ☐ Potential violation of a compliance schedule in an enforceable order.
- ☐ Potential failure to maintain a record or failure to disclose a document.
- ☐ Potential failure to maintain, inspect or repair equipment including meters, sensors, and recording equipment.
- ☐ Potential failure to complete or submit a notification, report, certification, or manifest.
- ☒ Potential failure to obtain a permit, product approval, or certification.

- ____ Potential failure to follow a required sampling or monitoring procedure or laboratory procedure.
- ____ Potential failure to follow or develop a required management practice or procedure.
- ____ Potential failure to identify and manage a regulated waste or pollutant in any media.
- ____ Potential failure to report regulated events such as spills, accidents, etc.
- ____ Potential incorrect use of a material (e.g., pesticide, waste, product, etc.) or use of improper or unapproved material.
- ____ Potential failure to follow a permit condition(s).

5 Did you observe or see the facility take any actions during the inspection to address the deficiencies communicated to the facility?

☐ Yes

☒ No

☐ N/A only if #3 was NO.

cannot reapply - MS6P expired

If YES, check only the action(s) actually observed/seen or write in a short description of the action in the "optional" section. (Check all that apply)

Action(s) taken

- ____ Complete(d) a Notification or Report
- ____ Correct(ed) Monitoring Deficiencies
- ____ Correct(ed) Record Keeping Deficiencies
- ____ Implemented New or Improved Management Practices or Procedures
- ____ Improved Pollutant Identification (e.g., Labeling, Manifesting, Storage, etc.)
- ____ Reduced Pollution (e.g., Use Reduction, Industrial Process Change, Emissions or Discharge Change, etc.)
- ____ Request(ed) a Permit Application or Applied for a Permit
- ____ Verified Compliance with Previously Issued Enforcement Action - Part or All Conditions

The following common air or water pollutant(s) **should only be checked** if the "Reduced Pollution" line was checked.

Water: ☐ Ammonia ☐ BOD ☐ COD ☐ TSS ☐ O/G ☐ Total Coliform ☐ D.O.

☐ Metals ☐ Cyanide ☐ Other _____

Air: ☐ NO_x ☐ SO₂ ☐ PM ☐ VOC ☐ Metals ☐ HAPs ☐ CO

☐ Other _____

6. Did you provide general compliance assistance in accordance with the policy on the Role of the EPA Inspector in Providing Compliance Assistance During Inspections?

☐ Yes

☒ No

7. Did you provide site-specific compliance assistance in accordance with the policy on the Role of the EPA Inspector in Providing Compliance Assistance During Inspections?

☐ Yes

☒ No

Optional Additional Information: EPA inspectors may wish to provide a narrative description of actions taken by the facility or assistance to help the facility come into compliance. (Narratives may be used in national or regional reports to provide examples of EPA inspection outcomes).



Water Compliance Inspection Report

Section A: National Data System Coding (i.e., PCS)

[illegible]

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)

Brockton Wastewater Treatment Plant
303 Oak Hill Way
Brockton, MA 02301

Entry Time/Date

Permit Effective Date

Exit Time/Date

Permit Expiration Date

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)

David Norton
Brockton Water & Sewer Contract Admin
508 580 7885

Other Facility Data (e.g., SIC NAICS, and other descriptive information)

MSGP for POTW
storm drains
that discharge
to the river.

Name, Address of Responsible Official/Title/Phone and Fax Number

David Norton

Contacted

☒ Yes ☐ No

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

Permit		Self-Monitoring Program		Pretreatment	<input type="checkbox"/>	MS4
Records/Reports		Compliance Schedules		Pollution Prevention		
Facility Site Review		Laboratory	<input checked="" type="checkbox"/>	Storm Water		
Effluent/Receiving Waters		Operations & Maintenance		Combined Sewer Overflow		
Flow Measurement		Sludge Handling/Disposal		Sanitary Sewer Overflow		

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
□□□□□□	An NOI was apparently submitted and a SWPPP prepared in 2003.
□□□□□□	Informed them that they are
□□□□□□	not in EPA's data base as having
□□□□□□	applied for a permit.
	That MSGP has now expired.
	They must reapply upon reissuance.

Name(s) and Signature(s) of Inspector(s):

Name(s) and Signature(s) of Inspector(s)
Steven Couto

Agency/Office/Phone and Fax Numbers

EPA/SEW (617) 918-1765

Date _____

6/6/07

Signature of Management Q A Reviewer

Agency/Office/Phone and Fax Numbers

Date _____

INSTRUCTIONS

Section A: National Data System Coding (i.e., PCS)

Column 1: Transaction Code: Use N, C, or D for New, Change, or Delete. All inspections will be *new* unless there is an error in the data entered.

Columns 3-11: NPDES Permit No. Enter the facility's NPDES permit number - third character in permit number indicates permit type for U=unpermitted, G=general permit, etc.. (Use the Remarks columns to record the State permit number, if necessary.)

Columns 12-17: Inspection Date. Insert the date entry was made into the facility. Use the year/month/day format (e.g., 04/10/01 = October 01, 2004).

Column 18: Inspection Type*. Use one of the codes listed below to describe the type of inspection:

A Performance Audit	U IU Inspection with Pretreatment Audit	! Pretreatment Compliance (Oversight)
B Compliance Biomonitoring	X Toxics Inspection	@ Follow-up (enforcement)
C Compliance Evaluation (non-sampling)	Z Sludge - Biosolids	{ Storm Water-Construction-Sampling
D Diagnostic	# Combined Sewer Overflow-Sampling	} Storm Water-Construction-Non-Sampling
F Pretreatment (Follow-up)	\$ Combined Sewer Overflow-Non-Sampling	: Storm Water-Non-Construction-Sampling
G Pretreatment (Audit)	+ Sanitary Sewer Overflow-Sampling	~ Storm Water-Non-Construction-Non-Sampling
I Industrial User (IU) Inspection	& Sanitary Sewer Overflow-Non-Sampling	< Storm Water-MS4-Sampling
J Complaints	\ CAFO-Sampling	- Storm Water-MS4-Non-Sampling
M Multimedia	= CAFO-Non-Sampling	> Storm Water-MS4-Audit
N Spill	2 IU Sampling Inspection	
O Compliance Evaluation (Oversight)	3 IU Non-Sampling Inspection	
P Pretreatment Compliance Inspection	4 IU Toxics Inspection	
R Reconnaissance	5 IU Sampling Inspection with Pretreatment	
S Compliance Sampling	6 IU Non-Sampling Inspection with Pretreatment	
	7 IU Toxics with Pretreatment	

Column 19: Inspector Code. Use one of the codes listed below to describe the lead agency in the inspection.

A — State (Contractor)	O — Other Inspectors, Federal/EPA (Specify in Remarks columns)
B — EPA (Contractor)	P — Other Inspectors, State (Specify in Remarks columns)
E — Corps of Engineers	R — EPA Regional Inspector
J — Joint EPA/State Inspectors—EPA Lead	S — State Inspector
L — Local Health Department (State)	T — Joint State/EPA Inspectors—State lead
N — NEIC Inspectors	

Column 20: Facility Type. Use one of the codes below to describe the facility.

- 1 — Municipal. Publicly Owned Treatment Works (POTWs) with 1987 Standard Industrial Code (SIC) 4952.
- 2 — Industrial. Other than municipal, agricultural, and Federal facilities.
- 3 — Agricultural. Facilities classified with 1987 SIC 0111 to 0971.
- 4 — Federal. Facilities identified as Federal by the EPA Regional Office.
- 5 — Oil & Gas. Facilities classified with 1987 SIC 1311 to 1389.

Columns 21-66: Remarks. These columns are reserved for remarks at the discretion of the Region.

Columns 67-69: Inspection Work Days. Estimate the total work effort (to the nearest 0.1 work day), up to 99.9 days, that were used to complete the inspection and submit a QA reviewed report of findings. This estimate includes the accumulative effort of all participating inspectors; any effort for laboratory analyses, testing, and remote sensing; and the billed payroll time for travel and pre and post inspection preparation. This estimate does not require detailed documentation.

Column 70: Facility Evaluation Rating. Use information gathered during the inspection (regardless of inspection type) to evaluate the quality of the facility self-monitoring program. Grade the program using a scale of 1 to 5 with a score of 5 being used for very reliable self-monitoring programs, 3 being satisfactory, and 1 being used for very unreliable programs.

Column 71: Biomonitoring Information. Enter D for static testing. Enter F for flow through testing. Enter N for no biomonitoring.

Column 72: Quality Assurance Data Inspection. Enter Q if the inspection was conducted as followup on quality assurance sample results. Enter N otherwise.

Columns 73-80: These columns are reserved for regionally defined information.

Section B: Facility Data

This section is self-explanatory except for "Other Facility Data," which may include new information not in the permit or PCS (e.g., new outfalls, names of receiving waters, new ownership, other updates to the record, SIC/NAICS Codes, Latitude/Longitude).

Section C: Areas Evaluated During Inspection

Check only those areas evaluated by marking the appropriate box. Use Section D and additional sheets as necessary. Support the findings, as necessary, in a brief narrative report. Use the headings given on the report form (e.g., Permit, Records/Reports) when discussing the areas evaluated during the inspection.

Section D: Summary of Findings/Comments

Briefly summarize the inspection findings. This summary should abstract the pertinent inspection findings, not replace the narrative report. Reference a list of attachments, such as completed checklists taken from the NPDES Compliance Inspection Manuals and pretreatment guidance documents, including effluent data when sampling has been done. Use extra sheets as necessary.

*Footnote: In addition to the inspection types listed above under column 18, a state may continue to use the following wet weather and CAFO inspection types until the state is brought into ICIS-NPDES: K: CAFO, V: SSO, Y: CSO, W: Storm Water 9: MS4. States may also use the new wet weather, CAFO and MS4 inspections types shown in column 18 of this form. The EPA regions are required to use the new wet weather, CAFO, and MS4 inspection types for inspections with an inspection date (DTIN) on or after July 1, 2005.

54-06


 United States Environmental Protection Agency
 Washington, D.C. 20460

Water Compliance Inspection Report

Section A: National Data System Coding (i.e., PCS)

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac Type
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/>					

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Brockton WWTF Phase II & III 303 Oak Hill Way Brockton, MA 02301	Entry Time/Date	Permit Effective Date
	Exit Time/Date	Permit Expiration Date
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Paul Praderio, Project Mgr. Robert Blume, Supt Walsh Construction (781) 793-9988	Other Facility Data (e.g., SIC NAICS, and other descriptive information) Phase II & III Upgrade	
Name, Address of Responsible Official/Title/Phone and Fax Number Paul Praderio Walsh Construction	Contacted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input type="checkbox"/> Permit <input type="checkbox"/> Records/Reports <input type="checkbox"/> Facility Site Review <input type="checkbox"/> Effluent/Receiving Waters <input type="checkbox"/> Flow Measurement	<input type="checkbox"/> Self-Monitoring Program <input type="checkbox"/> Compliance Schedules <input type="checkbox"/> Laboratory <input type="checkbox"/> Operations & Maintenance <input type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Pollution Prevention <input checked="" type="checkbox"/> Storm Water <input type="checkbox"/> Combined Sewer Overflow <input type="checkbox"/> Sanitary Sewer Overflow	<input type="checkbox"/> MS4
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	They have one permit but two SWPPPs for Phase II & III. SWPPPs and inspections reports checked - looked OK - site had minor track out at gate.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Name(s) and Signature(s) of Inspector(s) Steven Couto	Agency/Office/Phone and Fax Numbers EPA/SEW 617/918-1765	Date 6/6/07
Signature of Management Q A Reviewer	Agency/Office/Phone and Fax Numbers	Date

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*Footnote: In addition to the inspection types listed above under column 18, a state may continue to use the following wet weather and CAFO inspection types until the state is brought into ICIS-NPDES: K: CAFO, V: SSO, Y: CSO, W: Storm Water 9: MS4. States may also use the new wet weather, CAFO and MS4 inspections types shown in column 18 of this form. The EPA regions are required to use the new wet weather, CAFO, and MS4 inspection types for inspections with an inspection date (DTIN) on or after July 1, 2005.



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NOI Application Detail

Notice of Intent (NOI) for Stormwater Discharges Associated with Construction Activity Under a NPDES Permit

NOI Submitted Date: August 30, 2006		Status: Active	
		Date Discharge Active: September 06, 2006	
I. Permit Number			
General Permit Number: MAR100000			
Tracking Number for this Project: MAR10C748			
II. Operator Information			
Name: CITY OF BROCKTON			
Street: 303 OAK HILL WAY			
City: BROCKTON	State: MA	Zip Code: 02301	
Phone: 508-580-6878			
III. Project/Site Information			
Project/Site Name: PHASE II WWTF UPGRADE PROJECT			
Project Street/Location: 303 OAK HILL WAY			
City: BROCKTON	State: MA	Zip Code: 02301	
County or similar government subdivision: Plymouth			
Latitude: 42.0472222		Longitude: 71.0069444	
Project Located in Indian country? No		Territory:	
Estimated Start Date: September 08, 2006		Estimated Completion Date: February 28, 2008	
Estimated Area to be Disturbed (to the nearest quarter acre): 3.25			
IV. SWPPP Information			
SWPPP Contact Name: WALSH CONSTRUCTION COMPANY			
Location of SWPPP for viewing: Address in Section III			
Email:			
V. Discharge Information			
Receiving Water: SALISBURY PLAIN RIVER			
Consistent with TMDL: Yes			
IV. Endangered Species Information			
I have satisfied permit eligibility with regard to protection of endangered species through the indicated section of Part I.B.3.e(2) of the permit under criterion A.			

VII. NOI Certification Information

Certified By: DAVID NORTON

Signed?: Date: August 17,
Yes 2006

Postmark Date: August 21, 2006

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NOI Application Detail

Notice of Intent (NOI) for Stormwater Discharges Associated with Construction Activity Under a NPDES Permit

NOI Submitted Date: March 08, 2006		Status: Active	
		Date Discharge Active: March 15, 2006	
I. Permit Number			
General Permit Number: MAR100000			
Tracking Number for this Project: MAR10C150			
II. Operator Information			
Name: WALSH CONSTRUCTION COMPANY			
Street: 2 COMMERCIAL STREET SUITE 201			
City: SHARON	State: MA	Zip Code: 02067	
Phone: 781-793-9988			
III. Project/Site Information			
Project/Site Name: WASTE WATER TREATMENT FACILITY			
Project Street/Location: 303 OAK HILL WAY			
City: BROCKTON	State: MA	Zip Code: 02301	
County or similar government subdivision: Plymouth			
Latitude: 42.0472222		Longitude: 71.0069444	
Project Located in Indian country? No		Territory:	
Estimated Start Date: March 01, 2006		Estimated Completion Date: March 19, 2008	
Estimated Area to be Disturbed (to the nearest quarter acre): 3.5			
IV. SWPPP Information			
SWPPP Contact Name:			
Location of SWPPP for viewing: Address in Section II			
Email:			
V. Discharge Information			
Receiving Water: STORM WATER DENTION BASIN, TO SALISBURY PLAIN RIVER			
Consistent with TMDL: Yes			
IV. Endangered Species Information			
I have satisfied permit eligibility with regard to protection of endangered species through the indicated section of Part I.B.3.e(2) of the permit under criterion A.			

VII. NOI Certification Information

Certified By: PAUL PRADERIO

Signed?: Date: March 01, 2006
Yes

Postmark Date: March 01, 2006

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